

FILED OCT 26 1943  
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52DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

34982

Registration District No.

156

Primary Registration District No.

2.001

Registrar's No.

514

## 1. PLACE OF DEATH:

(a) County #### Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
507 W. 26th  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 11 yr \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Frank Wesley Evans3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. \_\_\_\_\_4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 10 1901  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
42 9 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace Gravette Ark.  
(City, town, or county) (State or foreign country)10. Usual occupation Miner

11. Industry or business \_\_\_\_\_

12. Name Allen E. Evans13. Birthplace Ill  
(City, town, or county) (State or foreign country)14. Maiden name Ellen Allgood15. Birthplace Joplin Mo  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Ellen Evans(b) Address 507 W. 26th Joplin Mo.17. (a) Burial (b) Date thereof 10 13, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Peace Cemetery18. (a) Signature of funeral director Parker-Hungaber(b) Address 1502 Joplin St. Joplin Mo.19. (a) 10-12-43 (b) Arthur D. Sudhalter  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 507 W. 26th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12  
year 43 hour 3 minute 20 A. M.21. I hereby certify that I attended the deceased from 8-20  
1943, to 10-10 1943that I last saw him alive on 10-1-  
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary

Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_23. Signature Charles C. Coats (M. D. or other)Address 3rd Miss. Rd. Joplin Date signed 10/13/43

43-9-885

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**